BY ORDER OF THECOMMANDER
HEADQUARTERS, 377TH AIR BASE WING (AFMC)
KIRTLAND AIR FORCE BASE,
NEW MEXICO 87117-5606

KAFB INSTRUCTION 40-303

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Medical Command

FAMILY ADVOCACY PROGRAM HIGH RISK FOR VIOLENCE RESPONSE TEAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 40-3, *Family Advocacy Program.* It outlines procedures to be implemented in the management of the High Risk for Violence Response Team (HRVRT), according to Family Advocacy Program Standard M-3, dated July 1998. This instruction applies to all military and civilian personnel and their dependents entitled to receive care in a military facility as specified in AFI 41-115, *Medical Programs and Benefits.* This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 United States Code 8013.

1. References : Family Advocacy Program (FAP) Standards, July 1998.

2. Procedures :

2.1. The Family Advocacy Officer (FAO) will activate the HRVRT upon notification of suspicion of potential threat of harm.

2.2. The composition of the HRVRT includes: Family Advocacy Officer (HRVRT chairperson), Family Advocacy Program staff members working with the family, squadron commander, Security Forces Squadron Operations Officer, Judge Advocate, and a Mental Health Services provider. It also includes an Air Force Office of Special Investigations representative, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate.

2.3. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk of violence.

2.4. The FAO will involve the threatened individual(s) in the safety planning process.

2.5. The HRVRT will manage potentially dangerous situations involving FAP clients when either: (1) members of a family may be in imminent danger of being harmed by other family members, or (2)

staff members may be in imminent danger of being harmed by a Family Advocacy client or former client.

2.6. The HRVRT will accomplish risk assessment and tracking mechanism on all HRVRT cases. At the conclusion of the risk assessment, the HRVRT will make appropriate intervention plans. On a regular basis, the HRVRT will meet to discuss concerns about at-risk individuals and ensure individualized intervention plans for all high-risk individuals are appropriately managed and tracked. The FAO is responsible for setting up the risk management meeting.

2.7. The FAO will report the HRVRT findings, plans, and activities to the Family Advocacy Committee (FAC) chairperson and the Family Maltreatment Case Management Team (FMCMT).

2.8. The HRVRT will meet semiannually to clarify roles and responsibilities and to provide education regarding family violence and safety planning.

3. High Risk Guidelines :

3.1. A High-Risk I report indicates the child and/or spouse are/is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. When Family Advocacy receives information of imminent danger, the HRVRT is activated to immediately respond to the situation. If a complete investigation is not possible a safety measure is put in place to ensure the child and/or the spouse's protection. A safety measure is an action taken to protect the child and/or spouse when the perpetrator leaves the home, or other similar protective actions. The decision concerning a safety measure is discussed with and approved by the HRVRT and is documented in the FAP record.

3.1.1. Examples of High-Risk I allegations are:

3.1.1.1. A child has died because of suspected child abuse or neglect. The family situation and safety of other children are immediately assessed;

3.1.1.2. An infant has been shaken;

3.1.1.3. A child of any age has suffered serious physical injury due to suspected abuse or neglect such as fractures, head injuries, or internal injuries;

3.1.1.4. A child, newborn through age 3, has had any inflicted physical injury;

3.1.1.5. A child is reported to have been intentionally burned. The injury may or may not be severe;

3.1.1.6. A child who is incapable of assuring his own basic safety is left alone. Children who have sight or hearing impairments, who are nonambulatory, who are mentally limited or who have other severe handicapping conditions will be considered disabled (incapable);

3.1.1.7. A child is deserted or abandoned;

3.1.1.8. A child has any physical injury inflicted to the face, head, neck, stomach, or genitals;

3.1.1.9. A child is described in a manner that could be indicative of nonorganic failure to thrive and may need immediate medical treatment;

3.1.1.10. A child is deprived of basic physical necessities resulting in conditions such as starving or freezing, or is in a life-threatening home environment;

3.1.1.11. A child needs immediate medical attention. The child's condition is serious and the child's parents cannot or will not obtain treatment;

3.1.1.12. A person responsible for the child (PRFC) has threatened to seriously injure the child and demonstrates or has a plan that indicates an intent to carry out the threat;

3.1.1.13. A child is threatening suicide, the parent is aware of the suicide threat and cannot or will not protect the child, or there is a previous history of severe abuse or neglect;

3.1.1.14. A physical injury is inflicted by a PRFC and there is a previous history of confirmed serious physical abuse;

3.1.1.15. The PRFC's behavior is so bizarre or impaired, such as a PRFC who is psychotic, drunk, affected by drugs or threatening suicide, that the child is at risk of harm;

3.1.1.16. A child's safety is jeopardized because his movement is so restricted he is unable to protect himself, and the conditions are dangerous or hazardous such as a child who is locked in a car, house, chained or tied;

3.1.1.17. A child has recently set a fire, has a history of fire setting and there is information the PRFC has not taken safety precautions to keep fire-causing materials away from the child.

3.2. High-Risk II reports do not indicate an imminent danger of severe injury. However, without intervention and safety measures it is likely the child will not be safe. The FAO reviews the High-Risk II report and determines the appropriate time frame for the report to be initiated, not to exceed 15 calendar days from the date the report was accepted for investigation.

3.2.1. Examples of High-Risk II allegations are:

3.2.1.1. A child, age 4 to 18, is alleged to have had a current physical injury inflicted on any area other than the face, head, neck, stomach or genital (see guidelines for dating bruises);

3.2.1.2. Nonorganic failure-to-thrive is suspected but the child's described condition does not appear to require immediate medical treatment;

3.2.1.3. An elementary school-age child has been given responsibility for the care of pre-school child(ren) for extended periods of time;

3.2.1.4. A child needs medical attention that could place the child at risk or serious harm within a short time frame;

3.2.1.5. There is an indication a child has set a fire and the circumstances of the fire indicate there was inadequate supervision;

3.2.1.6. A child is alleged to have been physically abused by a day care center employee. The employee is no longer working at the day care center. Should information be obtained that the employee is working where he or she has contact with children, or the employee has young children in his own home, the report must be upgraded to a High-Risk I.

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